Image# 14952735262 PAGE 1 / 18

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An	Authorized	Committe	e		Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typinດ r the lines.	g, type	12FE4M5		
APRIA HEALTHCARE	LLC POLITICAL	ACTION	COMMITT	EE			
		1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1 1	1 1 1 1 1	
ADDRESS (number and street)	26220 ENTERPRISE (COURT					
Check if different							
than previously reported. (ACC)	LAKE FOREST				CA _	92630	
2. FEC IDENTIFICATION NU	JMBER ▼	CITY 🛦		5	STATE 🛦	ZIP COE	DE 🛦
C C00240218		3. IS THIS REPORT	× (N	EW I) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)		ay 20 (M5)	-	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:		, ,		` ,	H		(Non-Election Year Only)
April 15 Quarterly Report (Q	11)	Apr 20 (M4)	Ju	ıl 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (Q	(c) 12-Day	n	Primary (12P)	L	General (Runoff (12R)
October 15 Quarterly Report (Q	Report for the	he:	Convention (1	2C)	Special (1	12S)	
January 31 Year-End Report (Y		Election on	M M /	D D /	Y	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Electi		General (30G)		Runoff (3	0R)	Special (30S)
Termination Report (TER)	E	Election on	M M /	04	2014	in the State of	
5. Covering Period 10		014	through	M M	/ 24 /	2014	
I certify that I have examined the	is Report and to the be	est of my know	wledge and be	elief it is tru	e, correct and	complete.	
Type or Print Name of Treasure	RAOUL SMYTH						
Signature of Treasurer RAOU	UL SMYTH		[Electronically	Filed] D	ate 12	03	2014
NOTE: Submission of false, errone	eous, or incomplete infor	mation may su	bject the perso	on signing th	is Report to th	e penalties of 2 U	.S.C. §437g.
Office Use Only						FEC FORI	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

01 2014 2014 Report Covering the Period: 10 24 From: To: 11 **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 181628.65 January 1, 2014 (b) Cash on Hand at 187041.15 Beginning of Reporting Period..... 25602.50 3990.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 191031.15 207231.15 6(a) and 6(c) for Column B)..... 1000.00 17200.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 190031.15 190031.15 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0 Schedule C and/or Schedule D)

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

	eport Covering the Period: From: 10	COLUMN A	COLUMN B			
	I. Receipts	Total This Period	Calendar Year-to-Date			
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees					
	(i) Itemized (use Schedule A)	3670.00	15325.00			
	(ii) Unitemized(iii) TOTAL (add	320.00	10277.50			
	Lines 11(a)(i) and (ii)▶	3990.00	25602.50			
	(b) Political Party Committees	0	0			
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	3990.00	25602.50			
12.	Transfers From Affiliated/Other Party Committees	0	0			
13.	All Loans Received	0	0			
	Loan Repayments Received Offsets To Operating Expenditures	0	0			
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0	0			
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0	0			
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0	0			
	(a) Non-Federal Account (from Schedule H3)	0	0			
	(b) Levin Funds (from Schedule H5)	0	0			
	(c) Total Transfers (add 18(a) and 18(b))	0	0			
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	3990.00	25602.50			
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	3990.00	25602.50			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period			
Operating Expenditures:	10101 11110 1 61100	Calendar Year-to-Date		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	0	0		
.,				
(ii) Non-Federal Share	0	0		
(b) Other Federal Operating		4200.00		
Expenditures(c) Total Operating Expenditures	0	4200.00		
(add 21(a)(i), (a)(ii), and (b))	0	4200.00		
Transfers to Affiliated/Other Party				
Committees	0	0		
Contributions to Federal Candidates/Committees				
and Other Political Committees	1000.00	13000.00		
Independent Expenditures	0	0		
(use Schedule E)Coordinated Party Expenditures				
(2 U.S.C. §441a(d)) (use Schedule F)	0	0		
(use conodule 1)				
Loan Repayments Made	0	0		
Loans MadeRefunds of Contributions To:	0	0		
(a) Individuals/Persons Other				
Than Political Committees	0	0		
(h) Political Party Committees	0	0		
(b) Political Party Committees(c) Other Political Committees				
(such as PACs)	0	0		
(d) Total Contribution Refunds	0	0		
(add Lines 28(a), (b), and (c))▶	7			
Other Disbursements	0	0		
Cutor Bioburgemente				
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)	0	0		
(i) Federal Share				
(ii) "Levin" Share	0	0		
(b) Federal Election Activity Paid Entirely				
With Federal Funds	0	C		
(c) Total Federal Election Activity (add				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0	0		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1000.00	17200.00		
Total Federal Disbursements		, , , , , , , , , , , , , , , , , , , ,		
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	1000.00	17200.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

II. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3990.00	25602.50	
I. Total Contribution Refunds (from Line 28(d))	0	0	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3990.00	25602.50	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0	4200.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0	0	
Net Operating Expenditures (subtract Line 37 from Line 36)	0	4200.00	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	:	6	OF		18	
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16	,		17

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.					
\rangle	NAME OF COMMITTEE (In Full) APRIA HEALTHCARE LLC POL	ITICAL ACTION COMMITTEE						
١.	Full Name (Last, First, Middle Initial) Gary T Ake		Date of Receipt					
	Mailing Address 249 Eastfield Ave		11 24 _ 2014 _					
	City	State Zip Code	Transaction ID: 415-P20981					
	Stedman	edman NC 28391-9449						
	FEC ID number of contributing federal political committee.	C	30.00 Payroll Deduction					
	Name of Employer	Occupation	Payroli Deduction					
	Apria Healthcare	Branch Manager 3						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	(\$10.00 Bi-Weekly)					
3.	Full Name (Last, First, Middle Initial) Amy J Anderson		Date of Receipt					
	Mailing Address 6699 Old Ridge Rd City	11 24 2014						
	Fairview	State Zip Code PA 16415-2056	Transaction ID : 415-P20982					
	FEC ID number of contributing	C 104.15 2555	Amount of Each Receipt this Period 30.00					
	federal political committee.		De well De duction					
	Name of Employer	Payroll Deduction						
	Apria	Branch Manager 1						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	(\$10.00 Bi-Weekly)					
).	Full Name (Last, First, Middle Initial) Rochelle Arini-Moza		Date of Receipt					
	Mailing Address 20063 Balmoral Dr		11 24 2014					
	City	State Zip Code	Transaction ID: 415-P21026					
	Macomb	MI 48044-2847	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	60.00					
	Name of Employer	Occupation	Payroll Deduction					
	Apria Healthcare	Area Operations Manager						
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary General Other (specify) ▼	Primary General						
s	UBTOTAL of Receipts This Page (optional)	>	120.00					
Т	OTAL This Period (last page this line number o	nly)						

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	7	OF		18
(check only one)									
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	13		14		15	16			17

or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) APRIA HEALTHCARE LLC F	POLITICAL ACTION COMMITTEE					
Full Name (Last, First, Middle Initial) Ooreen R Bellucci		Date of Receipt				
Mailing Address 2 Brigmore Aisle		11 24 2014				
City	State Zip Code	Transaction ID: 415-P20984				
Irvine	CA 92603-5720	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	140.00				
Name of Employer	Occupation	- Payroll Deduction				
Apria Healthcare	VP, Associate General Counsel					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	805.00	(\$35.00 Bi-Weekly)				
Full Name (Last, First, Middle Initial) 3. Donna S Blake		Date of Receipt				
Mailing Address 14107 Pembroke St	11 24 2014					
City	State Zip Code	Transaction ID: 415-P20985				
Leawood	KS 66224-4553	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	60.00				
Name of Employer	Occupation	Payroll Deduction				
Apria Healthcare	Regional VP Sales					
Receipt For:	Aggregate Year-to-Date ▼	-				
Primary General	, agregate real to bate ¥	(\$15.00 Bi-Weekly)				
Other (specify) ▼	345.00	(, , , , , , , , , , , , , , , , , , ,				
Full Name (Last, First, Middle Initial) 2. James C Bowers		Date of Receipt				
Mailing Address 256 Aerie Ct		11 24 2014				
City	State Zip Code	Transaction ID: 415-P20987				
Roseville	CA 95661-4063	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	80.00				
Name of Employer	Occupation	Payroll Deduction				
Apria Healthcare	Market Manager					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General		(\$20.00 Bi-Weekly)				
Other (specify) ▼	460.00					
SUBTOTAL of Receipts This Page (optional)	·····	280.00				
TOTAL This Period (last page this line numb	per only)					

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE NUMBER:					PAGE	8	OF	18
(check only one)									
	×	11a		11b		11c	12		
		13		14		15	16		17

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) APRIA HEALTHCARE LLC POL	ITICAL ACTION COMMITTEE	
١.	Full Name (Last, First, Middle Initial) Bruce E Brindle Mailing Address 3396 Altherton Dr		Date of Receipt
	City Bethel Park	State Zip Code PA 15102-1161	11 24 2014 Transaction ID: 415-P20988
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
	Name of Employer Apria Healthcare	Occupation Regional VP Sales	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	(\$10.00 Bi-Weekly)
3.	Full Name (Last, First, Middle Initial) Carl L. Caldwell Mailing Address 513 California Ave	Date of Receipt	
	City Oakdale	State Zip Code CA 95361-3005	11 24 2014 Transaction ID: 415-P20990 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Apria Healthcare	Occupation Branch Manager 4	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	(\$10.00 Bi-Weekly)
).	Full Name (Last, First, Middle Initial) Mark A Centolella		Date of Receipt
	Mailing Address 8304 Codys Cors City	State Zip Code	11 24 2014
	Cicero	NY 13039-7921	Transaction ID: 415-P20991 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	140.00 Payroll Deduction
	Name of Employer Apria Healthcare Receipt For:	Occupation Area VP Ops	Taylon Doddonon
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00	(\$35.00 Bi-Weekly)
SI	UBTOTAL of Receipts This Page (optional)	•	200.00
T	OTAL This Period (last page this line number of	nly)	

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE	PAGE		9	OF	18			
(check only one)									
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or for comme	rcial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\	COMMITTEE (In Full) HEALTHCARE LLC POL	LITICAL ACTION COMMITTEE	
Kirby Co	(Last, First, Middle Initial) ombs dress 320 Urbano Dr		Date of Receipt
City		State Zip Code CA 94127-2869	11 24 2014 Transaction ID: 415-P20992
	imber of contributing litical committee.	CA 94127-2869	Amount of Each Receipt this Period 140.00
Name of E	Employer	Occupation VP National Accounts	Payroll Deduction
Receipt Fo	or:	Aggregate Year-to-Date ▼ 805.00	(\$35.00 Bi-Weekly)
3. Kennetl	(Last, First, Middle Initial) n A. Common dress 1238 N Raymond Ave		Date of Receipt 11 242014
City Fullerton		State Zip Code CA 92831-2048	11 24 2014 Transaction ID: 415-P20993 Amount of Each Receipt this Period
	umber of contributing litical committee.	C	140.00
Name of E Apria Heal		Occupation VP Real Estate Services	Payroll Deduction
Receipt Fo		Aggregate Year-to-Date ▼ 805.00	(\$35.00 Bi-Weekly)
c. Jeanni	(Last, First, Middle Initial) ne M. Delivron		Date of Receipt
Mailing Ad City	dress 54 Bronson Rd	State Zip Code	11 24 2014
Avon		CT 06001-2929	Transaction ID: 415-P20995 Amount of Each Receipt this Period
federal pol	imber of contributing itical committee.	C	30.00 Payroll Deduction
Name of E Apria Heal Receipt Fo	thcare	Occupation Branch Manager 4	
Prim		Aggregate Year-to-Date ▼ 230.00	(\$10.00 Bi-Weekly)
SUBTOTAL	of Receipts This Page (optional)		310.00
TOTAL This	Period (last page this line number of	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOI	PAGE	 10 OF	18				
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	13		14		15	16	17

or for commercial purposes, other than usin	g the name and address of any political committee t	to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) APRIA HEALTHCARE LLC	POLITICAL ACTION COMMITTEE						
Full Name (Last, First, Middle Initial) A. Michael K Dwyer		Date of Receipt					
Mailing Address 408 W State St		11 24 2014					
City	State Zip Code WI 53105-1736	Transaction ID: 415-P20996					
Burlington		_ Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	60.00					
Name of Employer	Occupation	- Payroll Deduction					
Apria Healthcare	Area Operations Mgr	_					
Receipt For: Primary General	Aggregate Year-to-Date ▼	(0.5 00 0.14)					
Other (specify) ▼	345.00	(\$15.00 Bi-Weekly)					
Full Name (Last, First, Middle Initial) 3. Matthew J Gallagher	l	Date of Receipt					
Mailing Address 5 Safeguard PI		M M / D D / Y Y Y Y					
	11 24 2014						
City	State Zip Code CA 92602-0757	Transaction ID : 415-P20998					
Irvine FEO. ID grand to a contribution	02002 0101	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer	ame of Employer Occupation						
Apria Healthcare	VP Sales Operations						
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General		(\$25.00 Bi-Weekly)					
Other (specify) ▼	575.00						
Full Name (Last, First, Middle Initial) Lisa M Getson		Date of Receipt					
Mailing Address 24806 Oxford Dr		11 24 2014					
City	State Zip Code CA 92677-8870	Transaction ID: 415-P21000					
Laguna Niguel	CA 92677-8870	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	300.00					
Name of Employer	Occupation	_ Payroll Deduction					
Apria Healthcare	Exec VP Govt Rel/Invst Re	_					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	1725.00	(\$75.00 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional	al)	460.00					
. 5 . 1	<u>-</u>						
TOTAL This Period (last page this line nur	nber only)						

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE NUMBER: (check only one)					 11	OF	18
(che	eck only	or	ne)					
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	13		14		15	16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) APRIA HEALTHCARE LLC PC	DLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Thomas M. Halpin Mailing Address 9112 Meade Ave		Date of Receipt
City	State Zip Code IL 60453-1571	11 24 2014 Transaction ID : 415-P21001
Oak Lawn FEC ID number of contributing federal political committee.	C 60453-1571	Amount of Each Receipt this Period 30.00
Name of Employer Apria Healthcare Receipt For:	Occupation Branch Manager 3 Aggregate Year-to-Date ▼	- Payroll Deduction
Primary General Other (specify) ▼	230.00	(\$10.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Robert S Holcombe Mailing Address 38 Oakbrook		Date of Receipt
City Coto de Caza	State Zip Code CA 92679-4742	Transaction ID : 415-P21003 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Apria Healthcare	Occupation Exec VP General Counsel	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1725.00	(\$75.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Janet L Hunt		Date of Receipt
Mailing Address 26552 San Torini Rd	State 7:- O-d-	11 24 2014
City Mission Viejo	State Zip Code CA 92692-6101	Transaction ID : 415-P21004 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Apria Healthcare	Occupation Dir IS Support Svs	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	(\$10.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	.	360.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

I TOTT EITE TOMBETT					PAGE	. '	12	OF		18
(check only one)										
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	13		14		15		16	;		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) APRIA HEALTHCARE LLC PO	OLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Jerry Kellems Mailing Address 2030 N Talbott St		Date of Receipt
City	State Zip Code IN 46202-1536	11 24 2014 Transaction ID : 415-P21005
Indianapolis FEC ID number of contributing federal political committee.	IN 46202-1536	Amount of Each Receipt this Period 30.00
Name of Employer Apria Healthcare Receipt For:	Occupation Branch Manager 2	- Payroll Deduction
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	(\$10.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) 3. Jerome D Lafontaine Mailing Address 8445 S Newcombe St		Date of Receipt
City Littleton	State Zip Code CO 80127-4260	Transaction ID : 415-P21006 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Apria Healthcare	Occupation Area VP Ops	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	(\$25.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Mark S. Lantz		Date of Receipt
Mailing Address 9918 E 400 S	State Zin Code	11 24 2014
City Greentown	State Zip Code IN 46936-8960	Transaction ID : 415-P21007 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Apria Healthcare	Occupation Branch Manager 3	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	(\$10.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		160.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

						PAGE	 13	OF	18
(c	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) APRIA HEALTHCARE LLC POL	LITICAL ACTION COMMITTEE	
١.	Full Name (Last, First, Middle Initial) Clinton K. Marshall Mailing Address 32 Wellwood Rd		Date of Receipt
			11 24 2014
	City Portland	State Zip Code ME 04103-4232	Transaction ID : 415-P21009
	FEC ID number of contributing		Amount of Each Receipt this Period
	federal political committee.	C	30.00
	Name of Employer	Occupation	Payroll Deduction
	Apria Healthcare	Branch Manager 4	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	230.00	(\$10.00 Bi-Weekly)
3.	Full Name (Last, First, Middle Initial) Michael F. McGrath		Date of Receipt
	Mailing Address 1209 Reggio Aisle		M = M / D = D / Y = Y = Y
	City	State Zip Code	11 24 2014
	Irvine	CA 92606-0855	Transaction ID : 415-P21010 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
		O a sum a bilana	Payroll Deduction
	Name of Employer Apria Healthcare	Occupation Dir. Internal Audit	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		(\$20.00 Bi-Weekly)
	Other (specify) ▼	460.00	
) .	Full Name (Last, First, Middle Initial) Dean W. Milligan		Date of Receipt
	Mailing Address 521 Andalusian Rd		11 24 2014
	City	State Zip Code PA 19473-1882	Transaction ID: 415-P21011
	Schwenksville	PA 19473-1882	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	240.00
	Name of Employer	Occupation	Payroll Deduction
	Apria Healthcare	Division VP Ops	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	(\$60.00 B; Wookk)
	Other (specify) ▼	1380.00	(\$60.00 Bi-Weekly)
SI	UBTOTAL of Receipts This Page (optional)		350.00
T	OTAL This Period (last page this line number of	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	LINE NU	PAGE	1	14	OF	18		
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X.	11a	11b		11c		12		
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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.				
\rangle	NAME OF COMMITTEE (In Full) APRIA HEALTHCARE LLC POL	ITICAL ACTION COMMITTEE					
١.	Full Name (Last, First, Middle Initial) Patrick D O Donnell		Date of Receipt				
	Mailing Address 103 Windemere Way		11 24 _ 2014 _				
	City	State Zip Code	Transaction ID: 415-P21012				
	Colchester	VT 05446-6914	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	30.00 Payroll Deduction				
	Name of Employer	Occupation	Payroli Deduction				
	Apria Healthcare	Branch Manager 2					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	230.00	(\$10.00 Bi-Weekly)				
3.	Full Name (Last, First, Middle Initial) Carol Policelli		Date of Receipt				
	Mailing Address 2600 Shieldale Dr		1,1 24 2014				
	City	State Zip Code	Transaction ID : 415-P21013				
	Winston Salem	NC 27107-3654	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	30.00				
	Name of Employer	Occupation	Payroll Deduction				
	Apria Healthcare	Branch Manager 3					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General	Aggregate rear-to-Date ▼	(\$10.00 Bi-Weekly)				
	Other (specify) ▼	230.00	(W10.00 DI WOONIY)				
).	Full Name (Last, First, Middle Initial) Kimberlie K Rogers-Bowers		Date of Receipt				
	Mailing Address 91 E Chevalier Ct		11 24 2014				
	City	State Zip Code	Transaction ID: 415-P21014				
	Eighty Four	PA 15330-2691	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	100.00				
	Name of Employer	Occupation	Payroll Deduction				
	Apria Healthcare	Sr VP Reg Affairs & Acq I					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General		(\$25.00 Bi-Weekly)				
	Other (specify) ▼	575.00					
s	UBTOTAL of Receipts This Page (optional)		160.00				
T	OTAL This Period (last page this line number o	nly)					

Use separate schedule(s) for each category of the Detailed Summary Page

	_	LINE	PAGE	1	15	OF	18			
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or for commercial purposes, other than usin	g the name and address of any political committee	to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) APRIA HEALTHCARE LLC	POLITICAL ACTION COMMITTEE					
Full Name (Last, First, Middle Initial) A. Garrett Y Saito		Date of Receipt				
Mailing Address 28 Flintstone		1.1 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Alice Visio	State Zip Code CA 92656-1919	Transaction ID : 415-P21015				
Aliso Viejo FEC ID number of contributing		Amount of Each Receipt this Period				
federal political committee.	C	100.00				
Name of Employer	Occupation	Payroll Deduction				
Apria Healthcare Receipt For:	VP Logistics	_				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	(\$25.00 Bi-Weekly)				
Full Name (Last, First, Middle Initial) 3. Tami Salley		Date of Receipt				
Mailing Address 304 Oak Ridge Dr		11 24 2014				
City	State Zip Code	Transaction ID : 415-P21016				
Venetia	PA 15367-1160	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	240.00 Payroll Deduction				
Name of Employer	in I hadithaara					
Apria Healthcare Receipt For:	Division VP Ops	_				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1380.00	(\$60.00 Bi-Weekly)				
Full Name (Last, First, Middle Initial) C. Richard H. Scholl		Date of Receipt				
Mailing Address 7 Slater Dr		11 24 2014				
City Stony Point	State Zip Code NY 10980-1907	Transaction ID: 415-P21017				
FEC ID number of contributing federal political committee.	C 10300-1307	Amount of Each Receipt this Period 80.00				
Name of Employer	Occupation	Payroll Deduction				
Apria Healthcare	Division Respiratory Mgr.					
Receipt For:	Aggregate Year-to-Date ▼]				
Primary General Other (specify) ▼	460.00	(\$20.00 Bi-Weekly)				
SUBTOTAL of Receipts This Page (options	al)	420.00				
	<u>·</u>					
TOTAL This Period (last page this line nur	nber only)					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	 16 OF		18
(check only one)								
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	13		14		15	16		17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) APRIA HEALTHCARE LLC PO	DLITICAL ACTION COMMITTEE					
Full Name (Last, First, Middle Initial) Sandra L. Slentz Mailing Address 4050 S 1100 W	Date of Receipt					
City						
Modoc FEC ID number of contributing federal political committee.	IN 47358-9520	Amount of Each Receipt this Period 30.00				
Name of Employer Apria Healthcare Receipt For:	Occupation Branch Manager 4	- Payroll Deduction				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	(\$10.00 Bi-Weekly)				
Full Name (Last, First, Middle Initial) Raoul Smyth Mailing Address 11 Ensueno E		Date of Receipt				
City	State Zip Code CA 92620-1844	11 24 2014 Transaction ID : 415-P21019 Amount of Fool Receipt this Period				
Irvine FEC ID number of contributing federal political committee.	CA 92620-1844	Amount of Each Receipt this Period				
Name of Employer Apria Healthcare	Occupation VP, Associate General Counsel	Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00	(\$35.00 Bi-Weekly)				
Full Name (Last, First, Middle Initial) Gregory A Tewell	Date of Receipt					
Mailing Address 213 N Willow Springs Rd						
City Orange	State Zip Code CA 92869-4534	Transaction ID : 415-P21020 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	120.00				
Name of Employer Apria Healthcare	Occupation VP Business Systems	Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	(\$30.00 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional)	·····	290.00				
TOTAL This Period (last page this line numbe	r only)					

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) APRIA HEALTHCARE LLC PO	OLITICAL ACTION COMMITTEE				
Full Name (Last, First, Middle Initial) Andrew Cameron Thompson		Date of Receipt			
Mailing Address 20 Westchester Ct	11 24 _ 2014 _				
City	State Zip Code	Transaction ID : 415-P21021			
Coto de Caza	CA 92679-4956	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	300.00			
Name of Employer Apria Healthcare	Occupation Exec VP Ops	- Payroll Deduction			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	1725.00	(\$75.00 Bi-Weekly)			
Full Name (Last, First, Middle Initial) 3. Deanna P Thompson		Date of Receipt			
Mailing Address 177 Montalvo Rd	11 24 2014				
City Redwood City	State Zip Code CA 94062-3820	Transaction ID : 415-P21022			
FEC ID number of contributing federal political committee.	C 94002-3620	Amount of Each Receipt this Period 200.00			
Name of Employer	Occupation	- Payroll Deduction			
Apria Healthcare	Division VP Sales				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	(\$50.00 Bi-Weekly)			
Full Name (Last, First, Middle Initial) C. Andrew Wagner		Date of Receipt			
Mailing Address 670 Carson Ct		11 24 2014			
City Carmel	State Zip Code IN 46033-9744	Transaction ID : 415-P21024 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	60.00			
Name of Employer	Occupation	Payroll Deduction			
Apria Healthcare Receipt For:	Branch Manager 2				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	(\$15.00 Bi-Weekly)			
SUBTOTAL of Receipts This Page (optional)		560.00			
TOTAL This Period (last page this line number	er only)	3670.00			

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 18 OF 18					
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 OF 18 (check only one)					
I I LIVIIZED DISDUNSLIVIEN IS	for each category of the Detailed Summary Page	21b	22 🔀 23 24 25 26				
	Detailed Suffiffiary Page	27	28a 28b 28c 29 30k				
Any information copied from such Reports and Statem							
or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
APRIA HEALTHCARE LLC POLITI	ICAL ACTION COM	IMITTEE					
Full Name (Last, First, Middle Initial)		i					
_			Date of Disbursement				
A. TOM REED FOR CONGRESS (P)	M M / D D / Y Y Y						
Mailing Address PO BOX 450			11 05 2014				
,	State Zip Code		Transaction ID : 414				
VICTOR	NY 14564		Transaction is . 414				
Purpose of Disbursement Contribution to House Candidate		011	Amount of Each Disbursement this Period				
Candidate Name			, and an or Latin Disbursonient this I chou				
THOMAS W II REED		Category/ Type	1000.00				
	nent For: 2016	71: -					
Senate	Primary General						
President	Other (specify) ▼						
State: NY District: 23							
Full Name (Last, First, Middle Initial)			Date of Disbursement				
В.							
Mailing Address	Mailing Address						
maining / idulooo							
City	State Zip Code						
Down of Dish							
Purpose of Disbursement		· · ·	Amount of Each Disbursement this Period				
Candidate Name			Amount of Each dispulsement this Period				
		Category/ Type					
Office Sought: House Disbursen	nent For:	.,,,,	, , ,				
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)	Data of Bishon						
C.	Date of Disbursement						
Mailing Address	M = M / D = D / Y = Y = Y						
siirig / iddi 000							
City	City State Zip Code						
Daniel of Disk							
Purpose of Disbursement							
Candidate Name	السيا	Amount of Each Disbursement this Period					
Candidate Name		Category/ Type					
Office Sought: House Disbursen	nent For:	.,,,,,					
	Primary General						
President	Other (specify) ▼						
State: District:							
			4000.55				
SUBTOTAL of Disbursements This Page (optional)		·····•	1000.00				
			1000.00				
TOTAL This Period (last page this line number only)			1000.00				